

Employment Application

DO YOU NEED ANY ACCOMMODATION TO PARTICIPATE IN THE APPLICATION OR INTERVIEW PROCESS?

YES NO



760 Bellline Road, P.O. Box 152, Sauk Centre, MN 56378

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, OR DISABILITY.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. **PLEASE PRINT**, except for signature on back of Application.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

We sincerely appreciate your interest in our Company and will carefully evaluate your qualifications for employment. A clear understanding of your personal background and job history will aid us in placing you in a suitable position. Information contained herein will be kept in strict confidence.

Personal Data

Today's Date

/ /

(First Name) _____ (Middle Initial) _____ (Last Name) _____ Social Security # _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Message/Other Phone (_____) _____ - _____

Are you at least 18 years of age? Yes _____ No _____

Are you a U.S. citizen, or do you have a permanent VISA permitting work in the U.S.? Yes _____ No _____

Do you have any commitments or responsibilities that could prevent you from regular work attendance? Yes _____ No _____

If so, what are they? _____

Can you work overtime if needed? Yes _____ No _____ Do you have transportation to this location? Yes _____ No _____

Education

Yrs Completed

Field of Study

Graduate or Degree

High School _____

College/University _____

Business/Technical _____

Other (may include grammar school) _____

Have you participated in an apprenticeship program or any other type of specialized training? Yes _____ No _____

If so, please specify _____

Do you plan further education? Yes _____ No _____ Type of Course _____

Military History

Military Service: Yes _____ No _____ Reserve Member? Yes _____ No _____

Military Training (Type or Specialty) _____

List below all current and former employers, including periods of self-employment. If lapses occurred between periods of employment, give dates of and reason for unemployment. Show present or most recent employment first.

Name of Present or Last Employer:

Address _____ City _____ State _____

Date Started _____ Date Left _____

Starting Salary _____ Per _____ Ending Salary _____ Per _____

Your Job Title _____ Immediate Supervisor _____

Briefly describe your duties and responsibilities _____

Reason for leaving? _____

Were you employed under any other name? Yes _____ No _____

If so, what name? _____

May we check with this employer for references? Yes _____ No _____

Name of Next Most Recent Employer:

Address _____ City _____ State _____

Date Started _____ Date Left _____

Starting Salary _____ Per _____ Ending Salary _____ Per _____

Your Job Title _____ Immediate Supervisor _____

Briefly describe your duties and responsibilities _____

Reason for leaving? _____

Were you employed under any other name? Yes _____ No _____

If so, what name? _____

May we check with this employer for references? Yes _____ No _____

Name of Next Most Recent Employer:

Address _____ City _____ State _____

Date Started _____ Date Left _____

Starting Salary _____ Per _____ Ending Salary _____ Per _____

Your Job Title _____ Immediate Supervisor _____

Briefly describe your duties and responsibilities _____

Reason for leaving? _____

Were you employed under any other name? Yes _____ No _____

If so, what name? _____

Name of Next Most Recent Employer:

Address _____ City _____ State _____

Date Started _____ Date Left _____

Starting Salary _____ Per _____ Ending Salary _____ Per _____

Your Job Title _____ Immediate Supervisor _____

Briefly describe your duties and responsibilities _____

Reason for leaving? _____

Were you employed under any other name? Yes _____ No _____

If so, what name? _____

Work Preference

Position Desired _____ Second Choice _____

Salary Requirement _____ Per _____ Date you can start _____

EMPLOYMENT STATUS PREFERENCE

Full Time _____ Part Time _____ Temporary _____ Summer Only _____

SHIFT PREFERENCE (Indicate any and all that you would accept)

Days _____ Nights _____ Weekends _____ Any Shift _____

Additional Information

Have you ever been employed by Cabinet Components & Distribution, Inc.? Yes _____ No _____

Special Talents/Job Related Skills _____

How did you hear about Cabinet Components & Distribution, Inc. ? _____

References (names of persons not related to you)

Name	Address	Phone Number
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Applicant Agreement (read this section carefully)

I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any deliberate falsifications, misrepresentation, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. I hereby authorize the Company to make whatever investigation it deems necessary to verify or check on the information above.

I understand that if hired, my employment is at-will and may be terminated with or without cause, with or without notice, at any time, by the Company or me. I also understand that while personnel policies, programs, procedures, and benefits may change from time to time, such at-will status is not subject to change.

Date _____

Signature _____